## This Form is for INTERNAL PTO USE ONLY. It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/333724

Total Fee Calculation									
	•	Fee Code	Total # Claims	Number Extra	_X_	Fee	Fee	=	Total
		Sm/Lg.				Sm. Entity	Lg. Entity		1001
٠.	Basic Filing Fee	201/101				•	<u>76</u> 0	=	760
	Total Claims >20	203/103	27 -20=	7	x		18	=	12C
	Independent Claims >3	202/102			x		78		
	Mult. Dep Claim Present	204/104						=	78
	Surcharge	205/105	· .			•		=	120
	English Translation	139				·		=	130
٠	TOTAL FEE CALCULA	,				·	٠ ٤		1594
	Fees due upon filing t	he application:				•			
	Total Filing Fees Due	= \$	1094	$\omega$			·	,	
	Less Filing Fees Subm	vitted - \$	6						
	BALANCE DUE	= \$	1,094.	<u>00</u>	_				
	Office of Initial Patern	Examination					. ·		

FORM OIPE-RAM-01 (Rev. 12/97)